

INSTRUCTIONS FOR COMPLETING THE TENNESSEE UST FUND ELIGIBILITY APPLICATION

PLEASE READ THESE INSTRUCTIONS CAREFULLY BEFORE PREPARING THE APPLICATION

GENERAL INSTRUCTIONS

The eligibility application must be submitted within sixty (60) days of release confirmation or ninety (90) days from the discovery of a suspected release. Reimbursement applications will not be processed unless the eligibility application has been submitted and eligibility approved. Once this application has been processed and eligibility is approved, an additional eligibility application is not required, unless another release occurs. A Fund eligibility application must be submitted for each release occurring at the site.

The Division of Underground Storage Tanks (Division) will determine the eligibility of each site. Once eligibility has been approved, the Division reserves the right to deny coverage for investigation and/or corrective action costs including, but not limited to, failure to stabilize the site, failure to meet deadlines established by the Division, and failure to be in substantial compliance with the UST regulations.

Section 1. Facility Information

Provide the facility name, seven-digit identification number, street address, and telephone number.

Section 2. Responsible Party Information

Provide the name and address of the person or company that will be taking responsibility for site investigation and/or cleanup activities. Provide the name and telephone number of the contact person.

Applicant type: Place an "X" in the appropriate blank or blanks if more than one applies. If "Other" is marked, then provide the relationship of the applicant to the tank owner. Provide the date the responsible party purchased or began operation of the facility. Provide the number of underground storage tanks operated in Tennessee by the responsible party.

Section 3. Discovery of Contamination

Provide the date the contamination was discovered and the date it was reported to the Division. Rule 1200-1-15-.05(1) and/or 1200-1-15-.06(3)(a) state in part that a release of petroleum must be reported to the Division within 72 hours after discovery.

To answer what events led to the discovery, place an "X" in the applicable space(s). If "Other" is marked, then provide an explanation of what led to the discovery of the contamination.

Section 4. Pollution Liability Coverage

Indicate if you have pollution liability coverage insurance. If you have the referenced insurance coverage, then provide the name of the insurance company and the policy number. **Costs recovered by private insurance for containment, investigation, and/or corrective action will not be reimbursed by the Fund.**

Section 5. Contractor/Consultant Information

Provide the name of the Corrective Action Contractor (CAC) that will be responsible for corrective action at this facility. Provide the name and telephone number of the contact person. To obtain reimbursement, a Tennessee approved CAC shall be selected and a copy of a signed contract between the two parties shall be submitted to the Division. The contract is required to contain the following verbiage from Rule 1200-1-15-.09(15)(b)(2)(v):

“If the CAC is not the owner or operator of the tank that caused the release, the CAC will have a written contract with the underground storage tank owner and/or operator or petroleum site owner, and the contract shall contain the following sentence conspicuously located on the first page of the contract:

“The Corrective Action Contractor will/will not (mark one) use the Department’s reasonable rate schedule when invoicing the owner and/or operator or petroleum site owner for the expenses incurred in the investigation and cleanup of this site.”

If a copy of the signed contract is not provided to the Division with the required verbiage, then you will not receive reimbursement for any eligible costs. In order to be fully reimbursed, expenditures shall stay within the range of costs the Division considers to be reasonable and eligible.

Section 6. (Optional) Application for Reduced Deductible

Only complete this section if one or more of the criteria listed on the form were in place for all applicable tanks at the facility at the time of the release. Also, only complete this section if the release occurred on or after September 1, 2005.

For releases that meet the criteria outlined above, the tank owner, operator, and/or petroleum site owner may apply for a reduction of the financial responsibility requirement (the deductible) for corrective action. Copies of documentation verifying each marked criteria should be attached to the form. If documentation is not available, then the local Environmental Field Office may be contacted to perform an on-site verification (if possible). Only those criteria, which have been verified to the satisfaction of the Division, will result in a lower deductible.

Section 7. Responsible Party Certification

Complete this section with an original signature. Provide the title of the person authorized to sign the document. Failure to sign this application will cause delays in processing.



DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF UNDERGROUND STORAGE TANKS
4th Floor, L & C Tower
401 Church Street
Nashville, TN 37243-1541

APPLICATION FOR FUND ELIGIBILITY

Please keep a copy for your records.

CHECKLIST OF ATTACHMENTS WITH THIS APPLICATION

Attached

Copy of Certified Division Letter that notified the owner of the release _____

Copy of Contract between responsible party and Corrective Action Contractor _____

(Failure to submit a copy of this contract may result in nonpayment from the Fund)

Section 6. Attach copies of documentation verifying each selected criteria for reduced deductible (If documentation is not available, then you may request on-site verification by contacting the local Environmental Field Office) _____

Other (describe): _____

SECTION 1. FACILITY INFORMATION

Facility Name _____ Facility ID # _____

Address _____ (_____) _____
Street City Zip Phone

SECTION 2. RESPONSIBLE PARTY INFORMATION

Name _____ FID or Social Security Number _____

Address _____
Street City State Zip

Contact person _____ Phone (_____) _____

Applicant type (Check all that apply): Tank Owner () Property Owner () Operator () Other (describe) _____

Date facility was purchased _____ Number of USTs operated in TN _____

SECTION 3. DISCOVERY OF CONTAMINATION

Date contamination discovered _____ Date reported to the Division _____

What events led to the discovery? Property assessment () Closure () Off-Site impact ()

Release Detection Records () Free product () Vapors () Impacted water supply ()

Other (describe) _____

SECTION 4. POLLUTION LIABILITY COVERAGE

Do you have pollution liability coverage other than the State Fund? Yes _____ No _____

If yes, name of company _____

If yes, policy number _____

Costs recovered by private insurance for containment, investigation, and/or corrective action will not be reimbursed by the Fund.

SECTION 5. CONTRACTOR/CONSULTANT INFORMATION

Company name License # (SS#/FIN#)

Contact person Phone

Company name License # (SS#/FIN#)

Contact person Phone

SECTION 6. (OPTIONAL) APPLICATION FOR REDUCED DEDUCTIBLE

Mark the criteria met for all applicable tanks at this facility:

- _____ Double wall tank(s)
- _____ Secondary containment chase piping enclosing fiberglass primary piping or flexible plastic piping with containment sumps at piping joints
- _____ Containment sumps at submersible turbine pumps
- _____ Containment sumps under dispensers
- _____ Continuous in-tank leak detection

SECTION 7. APPLICANT CERTIFICATION

I agree to be reimbursed from the Fund for costs the State deems to be reasonable and necessary. I certify all information on this application is correct and accurate to the best of my knowledge. Submitting false information to obtain reimbursement from the Underground Storage Tank Fund may result in criminal prosecution.

Print or type applicant's name Applicant's title

Applicant's signature Date

Do not write below this line *****Departmental Use Only*****

Reviewer's signature: _____ Date: _____

Fund eligibility has been: Approved (_____) Denied (_____)

Application number assigned: _____